

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048093

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6533

FILED DEC 19 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>50 Yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Menorah Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>1100 West 86 Terrace</b>	
3. NAME OF DECEASED (Type or print) <b>Clarence</b>		4. DATE OF DEATH Month <b>December</b> Day <b>1st</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
9. AGE (last birthday) <b>Approx. 70</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wolf Bros.</b>	
11. BIRTHPLACE (City and state or country) <b>Chicago, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Louis Kleban</b>		13b. MOTHER'S MAIDEN NAME <b>Rose</b>	
14. NAME OF HUSBAND OR WIFE <b>Tobie Kleban</b>		Address <b>K.C., Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>WWI</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Tobie Kleban</b>		Address <b>1100 W. 86 Terr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Peritonitis</b> DUE TO (c) <b>Carcinoma of Colon C Perforation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>2 weeks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from Death occurred at <b>3115 Park</b> On the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title)	
22b. ADDRESS <b>401 E 63</b>		22c. DATE SIGNED <b>12/2/63</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>12/3/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>			
24. FUNERAL DIRECTOR <b>Louis Memorial Chapel, K.C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>12-3-63</b>	
26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
By **Pasman**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Greg Buffington

Licensed Embalmer No. 2756

P. O. Address 1500

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.